PUBLIC UTILITIES COMMISION OF THE STATE OF CALIFORNIA

CERTIFICATE OF SUPPORT OF APPLICATION FOR HOUSEHOLD GOODS OPERATING AUTHORITY

THIS FORM IS ONLY REQUIRED OF SUBHAULERS

The undersigned states that (s)he, or the corporation, association or partnership which (s)he represents, agrees to support the application filed by:

_____
(NAME OF APPLICANT AS SHOWN ON APPLICATION FORM)

for a Household Goods Carrier Permit.

Applicant's proposed service is supported as follows:

1. Points and/or areas: _____
   (LIST POINTS/AREAS TO BE SERVED)

   _____

   _____

   _____

2. Total volume of household goods
   to be shipped or received in first year: _____
   (INDICATE BY USUAL SIZE OF SHIPMENT PER COMMODITY)

   _____

   _____

   _____

3. Accessorial services to be provided: _____
   (DESCRIBE)

   _____

   _____

   _____

4. Rates and charges to be paid for:

   (a) Transportation of household goods: _____

   _____

   Approximate gross dollar figure to be paid in first year: _____

   (b) Accessorial services: _____

   _____

   Approximate gross dollar figure to be paid in first year: _____

TL 706-E (Rev. 9/97)

5. The undersigned is a ☐ Shipper or ☐ Prime Carrier. If a prime carrier, complete information below:

Complete carrier information below:

CAL PUC NO.: _____

AUTHORITY(S) HELD _____

BONDING COMPANY & ADDRESS _____

_____

SUBHAUL BOND NUMBER _____   EFFECTIVE DATE _____

CERTIFICATION

By signing and submitting this Certificate of Support, the undersigned individually and on behalf of the corporation, association, or partnership (s)he represents, certifies that (s)he intends to employ the services of applicant.

By signing and submitting this Certificate of Support, the undersigned certifies that (s)he is aware (s)he may be called upon to testify on applicant's behalf at a public hearing to verify his/her intention to utilize applicant's service.

Should the support for this application be withdrawn or changed in whole or in part, the undersigned agrees immediately to so inform the California Public Utilities Commission, Attn: License Section, 505 Van Ness Avenue, San Francisco, CA 94102.

The undersigned hereby states that (s)he is duly qualified and authorized to make this certification of support.

Date: _____   _____
                                                                                   NAME OF BUSINESS

_____   _____
(SIGNATURE)   (TITLE)

_____   _____
(PRINT NAME)   (PHONE NUMBER)

_____   _____
STREET ADDRESS   CITY   STATE   ZIP CODE